

**OFFICE OF COMPUTER SERVICES (OCS)
INDIVIDUAL ACCESS AUTHORIZATION REQUEST**

Date: _____

Requestor's Name: _____

Organization: _____

Requestor's Phone #: _____ Requestor's Fax # : _____
Ext: _____

User's Information

USER ID:

Name:

☐ **Government employee** ☐ **Contractor** Start ____/____/____ End ____/____/____

☐ Add ☐ Delete ☐ Change

Division or Company Name:

User's Phone # : (____) ____ - ____ ext: ____ User's Fax# : (____) ____ - ____

Location/Address:

Bin #: _____ [If any, (Bins located in HCHB room 1832)]

Account Number(s):

REQUESTING ACCESS TO: (identify system, project or datasets; or physical)

Signature of requestor: _____

RETURN TO:

OFFICE OF COMPUTER SERVICES

ATTN: Pat Snow, ROOM 1227

5285 Port Royal Road

Springfield, VA 22151

(FAX) 703-487-4046

Banyan Email: Patricia.Snow@OCS@OFM

Internet: Psnaw1@doc.gov